

5-27-04

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7590 03/04/2004

JAECKLE FLEISCHMANN & MUGEL, LLP
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Rochester, NY 14614-1310



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Katie Hales	(Depositor's name)
Katie Hales	(Signature)
26-May-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,638	12/05/2001	Raul A. Bircann	89190.H-205267CIP	8445

TITLE OF INVENTION: PROPORTIONALLY-CONTROLLABLE SOLENOID ACTUATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARRERA, RAMON M	2832	335-255000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patrick M. Griffin

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee
 Advance Order - # of Copies 2

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- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0831 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Katie Hales

26-May-04

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01 FC:1501 1330.00 DA
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